



2005 AUG 31 A 10:53  
U.S. DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE

Department of the Treasury  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 03-10353-WGY	
DEFENDANT <b>ROMAN VALDMA</b>		TYPE OF PROCESS <b>Final Order of Forfeiture</b>	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize <b>Washington Mutual (Loan #5302038590 3)</b>		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) <b>P.O. Box 44118, Jacksonville, FL 32231-4118</b>		
Send NOTICE OF SERVICE copy to Requester:  JENNIFER H. ZACKS, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)			
<p>Please serve the attached Final Order of Forfeiture upon the above-named institution by certified mail, return receipt requested.</p> <p style="text-align: center;">LJT x3283</p>			
Signature of Attorney or other Originator requesting service on behalf of <i>Jennifer H. Zacks/LJ</i>		[ <input checked="" type="checkbox"/> ] Plaintiff	Telephone No.
		[ <input type="checkbox"/> ] Defendant	Date
		(617) 748-3100	June 23, 2005
SIGNATURE OF PERSON ACCEPTING PROCESS:			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [ <input type="checkbox"/> ] PERSONALLY SERVED, [ <input type="checkbox"/> ] HAVE LEGAL EVIDENCE OF SERVICE, [ <input type="checkbox"/> ] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[ <input type="checkbox"/> ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[ <input type="checkbox"/> ] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [ <input type="checkbox"/> ] AM Please see Remarks [ <input type="checkbox"/> ] PM
		Signature, Title and Treasury Agency <i>Stephen P. Leonard</i> Stephen P. Leonard, Forfeitures Officer	
REMARKS:  Order was served as instructed above by certified mail number 7001 2510 0003 4299 9547. Copy of signed Postal receipt showing receipt/delivery on July 25, 2005 is attached.			

TD F 90-22.48 (6/96)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

CR No. 03-10353 WGY

## 1. Article Addressed to:

Washington Mutual  
(Loan # 5302038590 3)  
P.O. Box 44118  
Jacksonville, FL 32231-4118

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

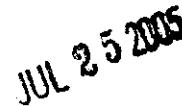


Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number

(Transfer from service label,

7001 2510 0003 4299 9547

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381